



MISSOURI DEPARTMENT OF MENTAL HEALTH



DEPARTMENT
OPERATING
REGULATION
NUMBER

DOR
8.150

Dorn Schuffman, Department Director

CHAPTER Regulatory Compliance	SUBCHAPTER HIPAA Regulation	EFFECTIVE DATE 06/01/03	NUMBER OF PAGES 2	PAGE NUMBER 1 of 2
SUBJECT Minimum Necessary Standard		AUTHORITY 45 CSR Section 164.502 et seq	History See Below	
PERSON RESPONSIBLE Deputy Director, Office of Quality Management			Sunset Date July 1, 2006	

PURPOSE: This DOR will provide instruction regarding the Department of Mental Health's obligations relating to the HIPAA requirement to use, disclose, or request only the minimum amount of protected health information (PHI) necessary to accomplish the intended purpose of the use, disclosure or request.

APPLICATION: The Department of Mental Health, its facilities and workforce.

(1) **DEFINITIONS:** As used in this operating regulation, the following terms shall mean:

(A) **Protected Health Information (PHI):** means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

(B) **Workforce Members:** employees, volunteers, trainees, and other persons whose conduct, in the performance of work for the department, its offices, programs or facilities, is under the direct control of the department, office, program or facility, regardless of whether they are paid by the entity.

(2) **PROCEDURE:**

(A) The Department of Mental Health, its facilities and its workforce, will make reasonable efforts to ensure that the minimum necessary protected health information (PHI) is disclosed, used, or requested. Exceptions to the minimum necessary requirement include:

1. Disclosures to the individual who is the subject of the information;
2. Disclosures made pursuant to an authorization;
3. Disclosures to or requests by healthcare providers for treatment purposes;
4. Disclosures required for compliance with the standardized HIPAA transactions;
5. Disclosures made to HHS/OCR pursuant to a privacy investigation; or
6. Disclosures otherwise required by the HIPAA regulations or other law.

(B) Each user of PHI will be subject to the provisions of DOR 8.040 relating to staff access to PHI.

(C) Reasonable efforts will be made to limit each PHI user's access to only the PHI that is needed to carry out his/her duties. These efforts will include the Privacy Officer or designee monitoring staff use and disclosure of PHI.



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~~(D) For situations where PHI use, disclosure or request for PHI occurs on a routine and recurring bases, the Central Office Privacy Officer or designee will issue~~

directives as to what information constitutes the minimum necessary amount of PHI needed to achieve the purpose of the use, disclosure or request.

(E) For non-routine disclosures (other than pursuant to an authorization), staff should address questions to the facility Privacy Officer or designee or the Central Office Privacy Officer, or designee, to assure that PHI is limited to that which is reasonably necessary to accomplish the purpose for which disclosure is sought. Examples of non-routine disclosures include providing PHI to accrediting bodies; insurance carriers, research entities, funeral homes, etc.

(F) If the PHI is being requested by a member of the Department's Organized Health Care Arrangement, and it is for the purposes of use for treatment, payment, or health care operations, then minimum necessary is whatever information is necessary in order to complete the referral, etc.

(G) Any questions related to this DOR must be directed to the facility Privacy Officer, or designee, or the Central Office Privacy Officer, or designee.

(3) NO LOCAL POLICIES: There shall be no local policies on this topic. The Department Operating Regulation shall control.

(4) SANCTIONS: Failure to comply or assure compliance with this DOR shall result in disciplinary action, up to and including dismissal.

(5) REVIEW PROCESS: The Central Office Privacy Officer will collect information from the facility Privacy Officers during the month of April each year beginning in 2004 for the purpose of providing feedback to the Deputy Director, Office of Quality Management, and the Executive Team to determine the compliance with the minimum necessary standard.

History: Emergency DOR effective January 15, 2003. Final DOR effective June 1, 2003.